

Patient Participation Group – Sign Up

I want to join the Bournbrook Varsity Medical Centre's Patient Participation Group.

Name:

Date of Birth:

Address:

Telephone:

Email:

I give permission for my mobile number and email to be used to communicate PPG relevant information Yes

No if permission is not given we will not be able to invite you to meetings or pass on any information

I would like to be invited to attend meeting: Yes No

I would like to be sent Virtual Patient Participation Group Communications: Yes No

Staff Only:

[] Processed

[] Coded

[] TOR & Date Sent